

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-043607

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1505

STATE FILE NUMBER

FILED NOV 18 1963

VS 300
Rev. 4/59

10397

28030

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

1. PLACE OF DEATH

a. COUNTY

Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Springfield

Length of stay in lb
7 Days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION St. Johns Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Ark.

b. COUNTY

Baxter

c. CITY
OR
TOWN

Mountain Home

Inside Limits
Yes ☐ No ☒

d. STREET
ADDRESS

(If outside, give location)
Route 2.

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First
Mary

Middle
Jane

Last
Walker

4. DATE
OF
DEATH

Month Day Year
November 1, 1963

5. SEX

Female

6. COLOR OR RACE
Caucasian

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)
Oct. 12, 1900 63

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Schoolteacher & Clerk

10b. KIND OF BUSINESS OR INDUSTRY
Store Clerk

11. BIRTHPLACE (City and state or country)
Jour D'Lane, Idaho

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Frederick Alvin Tony

13b. MOTHER'S MAIDEN NAME

Lucy Ann Sink

14. NAME OF HUSBAND OR WIFE

William Albert Walker, Dec

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address Route 2:
Miss Mary Lou Walker, Mtn. Home, Ark.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Vascular Accident
Head Injury
Brain Tumor, malignant

INTERVAL BETWEEN
ONSET AND DEATH

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
Pickup Truck went off road

20c. TIME OF INJURY

Hour a.m. p.m.
10-21-63

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, (street) office bldg., etc.)
Hut Grove

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE Ark

21. I attended the deceased from
Death occurred at 3:52 am, 11-1-63

to 11-1-63 and last saw him alive on 10-31-63

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(degree or title)

22b. ADDRESS 1636 South Glenstone
Springfield, Missouri

22c. DATE SIGNED
11-9-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

Nov. 3, 1963

23c. NAME OF CEMETERY OR CREMATORY
Herron Cemetery

23d. LOCATION (City, town, or county) (State)
Henderson (Baxter Co.), Ark.

24. FUNERAL DIRECTOR

ADDRESS

Roller-McClure Service, Mtn. Home, Ark. 11-19-63

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Bernie Medley

JAN 7 1964

11-1-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jim F. McClure

Licensed Embalmer No. 5104

P. O. Address Mountain Home, Ark.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.